

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023154

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 832
FILED JUN 25 1963

Primary Registration District No. 5112

Registrar's No. 45

VS 300
Rev. 4/59

1 0070

2 0090

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4 0

5 1

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7 0

8 2

9 162.1

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11

12 90.2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LORANCE.		Length of stay in 1b 2 YRS.	c. CITY OR TOWN LUTESVILLE
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) LUTESVILLE RT-2, MO
3. NAME OF DECEASED (Type or print) First OSRO Middle COOPER Last COOPER		4. DATE OF DEATH Month JUNE Day 9 Year 1963	
5. SEX M	6. COLOR OR RACE CAW.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 9, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 59
13a. FATHER'S NAME JNO E. COOPER		13b. MOTHER'S MAIDEN NAME MARY BELLE LILEY	14. NAME OF HUSBAND OR WIFE EDITH (VIRGIN) COOPER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. MRS. OSRO COOPER, LUTESVILLE, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure DUE TO (b) Bronchogenic Carcinoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION LUTESVILLE, MO.		
21. I attended the deceased from 7-23-63 to 6-9-63 and last saw him live on 6-9-63 Death occurred at 6:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6-17-63	
22a. SIGNATURE John Shephard Do.		22b. ADDRESS Lutesville Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 11, 1963	23c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY	23d. LOCATION (City, town, or county) (State) LUTESVILLE, MO.
24. FUNERAL DIRECTOR BAKER FUNERAL HOME, LUTESVILLE, MO.		25. DATE RECD. BY LOCAL REG. 6/22/63	
26. REGISTRAR'S SIGNATURE Mrs Buford Crader			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 26 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.